MARSHALL SPACE FLIGHT CENTER MENTORING PROCESS INFORMATION

CHECK ONE:	
	MENTOR
	MENTEE

THE FOLLOWING INFORMATION WILL FAMILIARIZE YOUR MENTOR/MENTEE WITH YOUR BACKGROUND. PLEASE ANSWER ALL QUESTIONS AS COMPLETELY AS POSSIBLE. THIS INFORMATION IS TO BE USED STRICTLY FOR MENTORING PURPOSES. ONLY ONE ADDITIONAL PAGE CAN BE USED FOR CONTINUATION OF ALL THE ITEMS BELOW.						
1. NAME:	2. DATE:		3. PHONE:	4. MAIL CODE:		
5. SIGNATURE:	6. GRADE:	7. TITLE:				
	8. FUNCTIONAL	DIVISION/COMPON	NENT/PROGRAM:			
9. EDUCATION:						
10. BRIEFLY LIST EXPERIENCE (INCLUDING NUMBER OF YEAR:	S AT MSFC):					
11. WHAT ARE YOUR EXPECTATIONS AND WHY ARE YOU INTERESTED IN THE MENTORING PROCESS:						
12. WHAT DO YOU FEEL YOU HAVE TO OFFER AS A MENTOR/M expertise as well as other professional qualities):	MENTEE IN THE N	MENTORING RELATI	ONSHIP (Describe manaç	gerial/technical areas of strength and		
13. WHAT TEAMS ARE YOU PRESENTLY ON AND WHAT IS YOU two years.):	R ROLE ON EAC	H TEAM (Also, please	e identify other significant	teams you have been on over the past		
14. WHAT ARE YOUR OUTSIDE ACTIVITIES AND INTERESTS:						
TO BE ANSWERED BY MENTEE ONLY						
15. LIST YOUR TRAINING EXPERIENCE:						
16. ARE YOU GOAL ORIENTED (Please provide example):						
17. SUPERVISOR'S NAME:						
PLEASE ATTACH A COPY OF YOUR LAST THREE PERFORMANCE APPRAISALS OF RECORD						